

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		FEC IDENTIFICATION NUMBER ▼ C C00000935	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee MSHC Partners Inc.		Date M M / D D / Y Y Y Y 0 9 / 2 1 / 2 0 0 6	
Mailing Address 1155 15th St NW Suite 300		Amount 18666.00	
City State Zip Code Washington DC 20005		Transaction ID: SE-69645	
Purpose of Expenditure Mail Services		Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 24 <input type="checkbox"/> Presidential	
Category/Type 006		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Raymond Meier		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2006	
Full Name (Last, First, Middle, Initial) of Payee Mack Crounse Group, LLC		Date M M / D D / Y Y Y Y 0 9 / 2 1 / 2 0 0 6	
Mailing Address 4900 Seminary Road Suite 1020		Amount 24870.16	
City State Zip Code Alexandria VA 22311		Transaction ID: SE-69646	
Purpose of Expenditure Mail Services		Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Category/Type 006		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Tammy L Duckworth		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2006	
(a) SUBTOTAL of Itemized Independent Expenditures		43536.16	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date M M / D D / Y Y Y Y 0 8 / 1 4 / 2 0 0 8	